

## TRANSMITTAL FORM

Attorney Docket No.  
**BC999066/1501P**In re the application of: **Jennie CHING, et al.**Confirmation No: **7262**Serial No: **09/773,047**Group Art Unit: **2611**Filed: **January 29, 2001**Examiner: **Bui, Kieu Oanh T.**For: **Method and System for Object Retransmission Without A Continuous Network Connection  
In A Digital Media Distributor System**


ENCLOSURES (check all that apply)					
<input type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input checked="" type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input checked="" type="checkbox"/>	Pre-Appeal Brief
<input type="checkbox"/>	Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	(X) Copies of References	<input type="checkbox"/>	Petition	<input type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input checked="" type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer	- Pre-Appeal Brief Request for Review	
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxxx month(s), from to .			
<input type="checkbox"/>	Executed Declaration by Inventor(s)				

CLAIMS					
FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	34	35	0	\$ 50.00	\$ 0.00
Independent Claims	3	5	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT	
<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input checked="" type="checkbox"/>	Charge \$ <u>500.00</u> to Deposit Account No. <u>09-0460</u> (IBM Corporation) for payment of Notice of Appeal filing fee.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. <u>09-0460</u> (IBM Corporation)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Attorney Name	Erin C. Ming, Reg. No. 47,797
Signature	
Date	May 22, 2006

CERTIFICATE OF TRANSMISSION	
I hereby certify that this correspondence is being transmitted to Examiner Kieu-Oanh T. Bui via the USPTO EFS-Web on May 22, 2006.	
Type or printed name	Jackie Tanda
Signature	